

Michigan Department of Community Health
Bureau of Health Systems
Division of Nursing Home Monitoring

**AMENDMENT TO APPLICATION FOR A NURSING HOME LICENSE
CHANGE OF ADMINISTRATOR OR DIRECTOR OF NURSING**

INSTRUCTIONS: Retain this form in your files for completion when either change occurs.
A current copy of the individual's license must also be attached.

SUBMIT TO: Michigan Department of Community Health
Bureau of Health Systems - Division of Nursing Home Monitoring
PO Box 30664
Lansing MI 48909

Facility Name:	Facility Telephone Number:
Address: _____ _____	

In compliance with Act 368, Public Acts of 1978 and rules governing the administration of Nursing Homes, I hereby notify you of the following amendment(s) of information on file with the Department.

1. CHANGE OF ADMINISTRATOR

New Administrator's Name: _____	License No: _____
Home Address: _____	Effective Date: _____

2. CHANGE OF DIRECTOR OF NURSING

New Director of Nursing: _____	License No: _____
Home Address: _____	Effective Date: _____

I certify that the information provided on this amendment is true, complete and accurate to the best of my knowledge.	
Signature of Authorized Representative	Date